

## **DRUG COURT AGREEMENT**

1. I understand I have been accepted into the Montgomery County Drug Court Treatment Program as a condition of probation. This will require an admission to the violation of probation and a subsequent sentence being imposed to include as a condition of probation the successful completion of the Drug Court Treatment Program. I further understand that if I successfully complete the Drug Court Treatment Program and I am in compliance with the other conditions of my probation, I will be successfully discharged and terminated from probation.
2. I also understand that if I fail to satisfactorily complete the Drug Court Treatment Program, the Court will remove me from the program, revoke my probation and sentence me in accordance with the provisions of law.
3. I understand and agree that satisfactory completion of the Drug Court Treatment Program will take a minimum of ten (10) months. I further understand that the Program completion time may be extended and that the average time for completion of the Program is expected to be one and one-half (1 ½) years.
4. I will participate in alcohol and/or drug treatment as directed by the Court, including 12-step meetings, as set forth in my treatment plan and I agree to be supervised by the Drug Treatment Court Case Manager or other person designated by the Drug Treatment Court.
5. I will attend all treatment meetings, court dates and other scheduled appointments and I will be on time.
6. I will fully participate in treatment and all other programs to which I am referred by the Court or the Case Manager to help maintain my sobriety and a law-abiding lifestyle.
7. I will obey all rules of the treatment program and pay all treatment program fees.
8. I will take urine and breathalyzer tests when requested.
9. I will obey all laws and be of good conduct.
10. I understand that failure to fully participate in the Drug Court Program may result in sanctions being imposed against me. I understand that any sanctions for failure to comply with drug court treatment, other than those sanctions of incarceration, will be imposed immediately without a formal, adversarial hearing. I understand that I have the right to request and have a formal adversarial hearing before the imposition of a sanction of incarceration or before being terminated from Drug Court.
11. I agree that the court may rely on the results of any chemical test.

12. I understand that any attempt to falsify a urine test is grounds for immediate termination from Drug Court. I understand that a missed test will be considered a test which is positive for drugs and will be subject to the same sanctions as a test which actually tested positive for drugs.
13. I will sign an authorization for release of information for any medical, treatment or social service records necessary to be used for the purposes of drug court and treatment. Failure to allow such access by the treatment team may be grounds for termination of the drug court agreement.
14. I understand that a failure to appear for a court date or any other breach of this agreement will result in an immediate bench warrant.
15. I agree to keep the Drug Court, Case Manager and Drug Court Coordinator informed of my current address and telephone number(s), including any beeper number, and to report any changes within two calendar days.
16. I agree that I will not use, possess or knowingly associate with persons who use or possess any controlled substance or illegal drug such as marijuana, heroin, cocaine, (powder, base or "crack"), methamphetamine, PCP, or LSD. I will not use or possess alcohol. I will not use or possess any other drug without a prescription unless there is medical documentation of necessity.
17. I understand no results or statements made by participants during drug court proceedings shall be admissible against participants other than in drug court proceedings to prove a violation of the drug court rules or to establish grounds for termination of a defendant from the drug court program.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Name (print)

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Attorney for Defendant